



TOWN OF PARADISE

5555 SKYWAY • PARADISE, CALIFORNIA 95969-4931

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www.townofparadise.com

**Clearance to Record Application
and
Septic System Operating Permit Application**
Clearance to Record fee must be received with application.

Property Address _____ **AP#** _____

Applicant / Agent for the Buyer ☐ / Seller ☐ (check one):

Name _____ **Business Name** _____

Address _____

City/St/Zip _____ **Phone Number** _____

Fax Number _____

Applicant's Signature _____ **Date** _____

Clearance To Record Request

Escrow Officer _____ **Title Company** _____

Escrow # _____

Address _____

City/St/Zip _____

Phone Number _____ **Fax Number** _____

Seller's Name _____

**Onsite Sewage Disposal System Operating Permit
Application for New Owner**

Permit to be issued upon payment of fee and a copy of the new grant deed.

New Owner's Name _____

Property Address _____

New Owner's Mailing Address (if different) _____